



Town of Wilbraham
240 Springfield Street
Wilbraham, Massachusetts 01095
413-596-2800 www.wilbraham-ma.gov

APPLICATION FOR EMPLOYMENT

The Town of Wilbraham is an Equal Opportunity Employer. Race, color, religious creed, national origin, sex, sexual orientation, age, genetic information, ancestry, children, marital status, veteran status or membership in the armed services, the receiving of public assistance, or handicap and other categories protected by law are not factors in employment, promotion, compensation or working conditions.

POSITION APPLYING FOR: _____

This application is available, upon request, in alternate formats (large print, audio tape, etc.) Please direct your request to: Herta Dane, Human Resources Coordinator, Town of Wilbraham, Office of the Board of Selectmen, 240 Springfield Street, Wilbraham, MA 01095 or call (413) 596-2800 extension 100; e-mail to hdane@wilbraham-ma.gov.

APPLICANT INFORMATION

Name: _____
Last First Middle

Address: _____
Number Street

City/State: _____ Zip Code: _____

Mailing Address: _____
(If different)

Telephone: (____) _____ Best time to call you: ____ : ____ AM/PM

Are you eligible for employment in the United States? ☐ yes ☐ no (You will be required to produce documents establishing identity and employment eligibility at time of hire)

Have you ever filed an application with us before? ☐ yes (date: _____) ☐ no

Have you ever been employed with us before? ☐ yes (date: _____) ☐ no

Do any of your friends or relatives work here? ☐ yes ☐ no

If yes, state name and relationship: _____

General Information about Employment desired

If hired, on what day could you start work? _____

How many hours are you available to work? ☐ Full-time ☐ Part-time (____ hrs/week) ☐ On-call

Days of week you are available to work: _____

Salary requirements: _____

If required for the position you are seeking, are you available for work:

☐ on weekends ☐ on holidays ☐ shift work/nights ☐ on-call/stand-by?

COVER LETTER

Please state your reasons for applying for this position:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, suggesting it's resting on a surface.

EDUCATION

HIGH SCHOOL

No. of Years Completed: _____ Graduated: ____yes ____no GED: ____yes ____no

Name, Address: _____

COLLEGE

No. of Years Completed: _____ Diploma/Degree: _____

Major field of study: _____

Name, Address: _____

GRADUATE

No. of Years Completed: _____ Diploma/Degree: _____

Major field of study: _____

Name, Address: _____

OTHER/EQUIVALENCY/TRADE SCHOOL

No. of Years Completed: _____ Diploma/Certificate/Competency: _____

Major field of study: _____

Name, Address:

CURRENTLY ENROLLED

Are you currently furthering your education? Please list any schools or programs you are enrolled in:

Major field of study: _____

Name and address of school/institution

Anticipated Graduation: _____ Anticipated degree/certificate: _____

WORK EXPERIENCE

Start with your current or most recent employment. You may include part-time, U.S. military or volunteer experience. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. (Please add copies of this page as needed).

Employer :

Name of Employer

Address (City, State, Zip)

Name of Supervisor

Telephone

Job Title(s) Held

Employment dates (mm/dd/yyyy to mm/dd/yyyy)

Main duties/Work performed

Reason For Leaving

May we contact? ☐ yes ☐ no

Employer :

Name of Employer

Address (City, State, Zip)

Name of Supervisor

Telephone

Job Title(s) Held

Employment dates (mm/dd/yyyy to mm/dd/yyyy)

Main duties/Work performed

Reason For Leaving

May we contact? ☐ yes ☐ no

Employer :

Name of Employer

Address (City, State, Zip)

Name of Supervisor

Telephone

Job Title(s) Held

Employment dates (mm/dd/yyyy to mm/dd/yyyy)

Main duties/Work performed

Reason For Leaving

May we contact? ☐ yes ☐ no

TRAINING

Specific Training Courses/Seminars/Internships related to the position you are applying for:

CERTIFICATIONS/LICENSES

Please list any current certification(s)/license(s) which you have acquired and/or which are a requirement for or directly related to the position for which you are applying:

SPECIALIZED SKILLS

Please list any special skills you feel may be helpful to us in considering your application.

SPECIAL NOTICES

LIE DETECTOR NOTICE

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law is subject to criminal penalties and civil liability.

SEALED RECORD NOTICE

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, please explain:

Have you been convicted of a misdemeanor within the past five years?? ☐ Yes ☐ No

If yes, please explain:

***Important:** You may omit any information or answer "no record" to the above questions regarding: A first conviction for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace; or any conviction where there is a sealed record on file with the commissioner of probation or in any case of delinquency or child in need of services complaint which did not result in a complaint transferred to the superior court for criminal prosecution.

A conviction record would not necessarily be a bar to employment for all positions. Factors such as age and time of offense, seriousness and nature of the violation and rehabilitation will be taken into account.

PRIVACY ACT OF 1974

Title 5, United States Code Section 552a of the Privacy Acts generally prohibits federal governmental agencies from disclosing information in its possession concerning an individual's education, financial transactions, or criminal and employment history. You will be asked to initial and sign a statement appended to this application, which will ask you to waive specific rights and authorize the Town of Wilbraham as well as other individuals or organizations to release information to allow for evaluation of your suitability for the employment you seek.

REFERENCES

Fill in below the names of three (3) persons not related to you (no former or present employers). All persons you name as a reference may be asked to appraise your character, qualification ability, experience, personality and other qualities.

FIRST REFERENCE

Name: _____

Address: _____

Phone: _____

Business, Occupation, or Profession: _____

Business Phone: _____

How long has this person known you? _____

SECOND REFERENCE

Name: _____

Address: _____

Phone: _____

Business, Occupation, or Profession: _____

Business Phone: _____

How long has this person known you? _____

THIRD REFERENCE

Name: _____

Address: _____

Phone: _____

Business, Occupation, or Profession: _____

Business Phone: _____

How long has this person known you? _____

APPLICANT STATEMENT

Please read this statement carefully before signing. If you have any questions, please ask a human resources representative before signing.

I hereby authorize the Town of Wilbraham, its agents and representatives to investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the Town of Wilbraham any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure.

I hereby release the Town of Wilbraham, its agents and representatives, my current and former employers, educators, the references I give and all other persons or organizations disclosed by myself from any and all claims, demands or liabilities arising out of or in any way related to investigation or disclosure related to this employment application.

I understand and agree that nothing contained in the application or conveyed to me during any interview which may be granted is intended to create an employment contract, implied or explicit, between the Town of Wilbraham and me.

I understand and agree that the Town of Wilbraham does not discriminate on the basis of disability.

I understand and agree that *if offered employment*, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States.

I understand and agree that *if offered employment*, the offer may be contingent on several factors, depending on the position I am offered. These may include my passing a pre-employment physical and alcohol and drug testing, the successful completion of medical and physical abilities tests, a CORI (Criminal Offender Record Information) inquiry and/or a detailed driving history record from the Massachusetts Motor Vehicle Insurance-Rating Board. I further may be required to provide proof of certifications, records and licensures as required to perform the duties of the position I am offered, or to attend and successfully complete academy training.

I understand and agree that *if I accept employment* with the Town of Wilbraham the employment relationship is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time by myself or the town provided my employment is subject to just cause provision in a contract governing my employment. No promises or representations are binding on the Town of Wilbraham unless made through motion by the Board of Selectmen or in writing and signed by either the Town Administrator or Human Resources Coordinator.

I understand and agree that *if I accept employment*, I will submit to alcohol or drug testing and periodic medical examinations as a condition of employment if required by law for my position. I agree that the Town of Wilbraham may conduct alcohol or drug screening at its sole discretion with or without notice consistent with applicable laws. I also understand that refusal to submit to alcohol/drug testing if required will be considered a voluntary resignation of employment.

I understand and agree that *if I accept employment* as Firefighter/EMT or Police Officer, I am prohibited by law from smoking tobacco products regardless of rank, at any time, and that I must be terminated if I smoke.

I understand and agree that *if I accept employment*, I will follow personnel policy regarding Harassment/Sexual Harassment, the Town of Wilbraham Drug Free Workplace policy and other policies as established as a condition of employment for all town employees.

I hereby certify that the information and answers given by me are true and complete to the best of my knowledge. I further affirm that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. My signature below certifies that I have read and understand this statement and that I agree to the terms and conditions outlined in this document.

Applicant's Signature

Date

APPLICANT DATA RECORD - This information is Voluntary

The Town of Wilbraham is an Equal Opportunity Employer. Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religious creed, national origin, sex, sexual orientation, age, genetic information, ancestry, children, marital status, veteran status or membership in the armed services, the receiving of public assistance, or handicap.

We invite you to indicate your gender and race/ethnicity or veteran status below.

This information will be kept in a confidential file, separately from your application and will be used only in government reporting accordance with federal and state regulations.

YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION.

Your application for employment will be considered in the same manner whether or not you fill out this form.

Date: _____

Position(s) applied for: _____

How did you hear about this opening? _____

Check one:

GENDER

☐ Female

☐ Male

RACE/ETHNIC GROUP

☐ White

☐ Black

☐ Hispanic

☐ Cape Verdean

☐ American Indian/Alaskan Native

☐ Asian/Pacific Islander

Check all that apply:

VETERAN STATUS

☐ Vietnam Era Veteran

☐ Disabled Veteran

☐ Gulf War Veteran

☐ Operation Iraqi Freedom or Operation Enduring Freedom